

EXHIBIT A



GOLDBERG SEGALLA LLP
Attorneys at Law

283731

8/28/06 ERM

PENNSYLVANIA
Philadelphia

NEW YORK
Buffalo ▪ Syracuse ▪ Albany ▪ Manhattan
Rochester ▪ White Plains ▪ Long Island

NEW JERSEY
Princeton

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July 20, 2007

Champlain Valley Physicians
Hospital Medical Center
75 Beekman Street
Plattsburgh, NY 12901

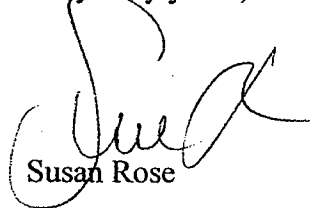
Re: Laure Boudet
date of birth 5/26/77

Dear Custodian of the Records:

I am in receipt of copies of the above referenced individuals medical records that you provided to our office. Could you please provide copies of the films from her x-rays and any MRI's that were performed. I understand that many of the hospitals have begun putting copies of the films onto CD. If it is possible to receive copies of the films on a CD, I would prefer to receive the films on CD. We will be happy to reimburse you for the copying expenses. I have enclosed an authorization for the release of the records.

Should you have any questions, please feel free to call me.

Very truly yours,



Susan Rose

COPIED BY *LB*

JUL 26 2007

CHARTONE

206497



Champlain Valley Physicians
Hospital Medical Center

518-561-2000

75 Beckman Street
Plattsburgh, New York 12901

FAX 518-561-0881

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected. Any further disclosure of this information except with specific written consent of the person to whom it pertained is prohibited.

CVPH MEDICAL CENTER FACE SHEET

PRE-REGISTRATION COMPLETE



PATIENT NAME : BOUDET ,LAURE
N/S ROOM/BED :
ADM DATE/TIME: 08/28/06 21:11
PCP / FAM DR : NO PRIMARY CARE PHYSICIAN
ATTENDING DR : MENIA ,TODD MD
REFERRING DR :
CHIEF COMPL : HEAD BACK PAIN
:
INF CTL ALERT:
ER ADMIT DX : MULTIPLE FX T6 T7 T8 C7
ADV DIRECTIVE: NO ADVANCED DIRECTIVE

ACCOUNT NO: 86574530 STATUS : EA
MED REC NO: 283731 HOSP SVC: ERM
ADM SOURCE: REF SOURCE:
PCP / FAM : 999946 PT TP: E
ATT DR NO : 802660
REF DR NO :

EXP ARRIVAL DATE :
SCHED SURGERY DATE:

PATIENT INFORMATION

ADDRESS : 22 LUE CHORON

PARIS
XX 99999 99

TELEPHONE : 514-271-8820

BIRTHDATE : 05/26/1977

SOC SEC NO: 999-99-9999

MAR STATUS: S SEX: F RACE: W

AGE : 29 Y M 0 D

CONGREGATION : PT. PREFERS NOT TO DISCLOSE , PATIENT DECLINES

PATIENT EMPLOYER INFORMATION

EMPLOYER : NOT EMPLOYED
ADDRESS :

TELEPHONE :

NEXT OF KIN INFORMATION

NEXT OF KIN :
MAILING ADDR :
CITY :
HOME PHONE :
MOTHERS NAME :

REL TO PT : PT DECLINES
STREET ADD:
STATE/ZIP :
WORK PHONE:
FATHERS NM:

F/C: N

INSURANCE INFORMATION

PR PRFX POLICY
PLN SUFX GROUP

DESCRIPTION
SUBSCRIBER

PT RL TO SUB
EMPLOYER

SUB SSN
SUB BIRTHDATE

1
N98

*

*
BOUDET ,LAURE

PATIENT/SELF

999-99-9999
05/26/1977

- / -

- / -

INS 4 PLAN :
GUARANTOR : BOUDET ,LAURE
ACCIDENT : INFORMATION COLLECTED

COMMENTS :



RESP PARTY : CLM0

DISCHARGE DATE:
DISCHARGE TIME:
COMPLETED BY:

14:15 08/29/06 FROM @00X,PMFACEF1

CO0313

18 Multiple Trauma (5)

TIME SEEN: 21:30 ROOM: FR #2 EMS arrival

ECC Physician: [Signature] PCP: [Signature]

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

EMS Medical Control Provided

Pt from: home other

HPI chief complaint: Injury to: head, neck

occurred: just PTA today yesterday days PTA
where: home school neighbor's city park work street

context: LOC - possibly thrown from vehicle

location of pain / injuries: head face mouth neck chest abdomen back upper mid lower radiating to R/L thigh / leg
-right- shldr hip arm thigh elbow knee f-arm leg wrist ankle hand foot
-left- shldr hip arm thigh elbow knee f-arm leg wrist ankle hand foot

severity of pain: mild moderate severe
associated symptoms: lost consciousness / dazed duration: remembers: impact coming to hospital seizure

ROS ☐ all systems neg except as mtd
loss feeling / power arms / legs
headache
double vision / hearing loss
trouble breathing / chest pain
nausea / vomiting
loss of bladder function
skin laceration
recent fever / illness

SOCIAL HX recent ETOH smoker drug abuse

PAST HX negative ☐ records reviewed transfer/nursing home paperwork reviewed

Meds: none / nurses note reviewed

Allergies: NKDA / nurses note reviewed

☐ Nursing Assessmnt / PCR Revwd ☐ Vitals Reviewed ☐ Status / mmHg / U

PHYSICAL EXAM Alert Lethargic Anxious

Distress: NAD mild moderate severe

Other: c-collar (PTA / in ED) back-board IV splint

HEAD see diagram

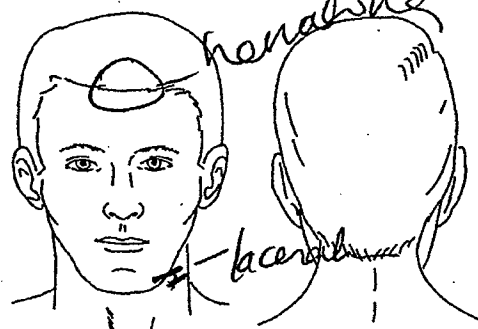
no evidence of trauma Battle's sign / Raccoon Eyes

NECK see diagram

non-tender vertebral point-tenderness

painless ROM muscle spasm / decreased ROM

trachea midline pain on movement of neck



EYES unequal pupils R- mm L- mm

PERRL EOM entrapment / palsy

EOMI subconjunctival hemorrhage

ENT hemotympanum

nml external TM obscured by wax

inspection clotted nasal blood

no dental injury dental injury / malocclusion

RESP / CVS see diagram (on reverse)

chest non-tender decreased breath sounds

breath sounds nml wheezing / rales

heart sounds nml splinting / paradoxical movements

ABDOMEN see diagram (on reverse)

non-tender tenderness / guarding / rebound

no organomegaly mass / organomegaly

GENITAL / RECTAL perineal hematoma

nml genital exam blood at urethral meatus

nml vaginal exam decreased rectal tone

nml rectal exam

heme negative stool

NEURO / PSYCH confusion / disorientation

oriented x3 EOM palsy / anisocoria

mood & affect facial asymmetry

CN's nml unsteady / ataxic gait

as tested sensory / motor deficit

sensation & motor nml



Reflexes

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CVPH Medical Center

Plattsburgh, NY

EMERGENCY PHYSICIAN RECORD

BOUDET, LAURE

283731

08/28/06

29 Y 05/26/1977

MR ()

ED PHYSICIAN

86574530

S

SKIN

intact
warm, dry

BACK

no CVA
tenderness
no vertebral
tenderness

EXTREMITIES

atraumatic
pelvis stable
hips non-tender
no pedal edema
nml ROM

see diagram

crepitus / diaphoresis

see diagram

vertebral point-tenderness

CVA tenderness

muscle spasm / limited ROM

see diagram

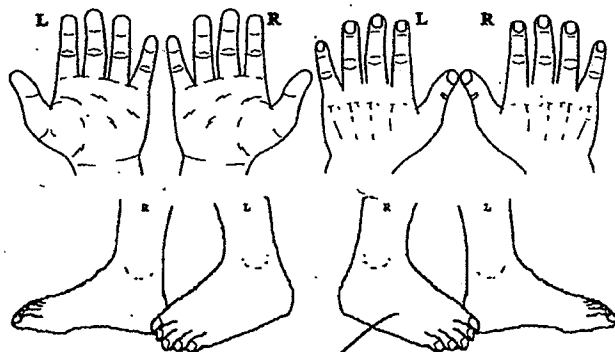
bony point-tenderness

painful / unable to bear weight

pulse deficit

Joint Exam:

limited ROM / ligaments laxity / joint effusion



X-RAYS

☐ Interp. by me ☒ Reviewed by me ☐ Discd w/ radiologist

C-Spine D-Spine LS-Spine

nml / NAD reversal / straightening of cerv. lordosis
no fracture DJD / spondylosis / spurring
nml alignment
soft tissues nml

CXR

nml / NAD rib fracture
no infiltrates infiltrate / atelectasis
nml heart size
nml mediastinum

OTHER ☐ See separate report

PROCEDURES and PROGRESS:

Wound Description / Repair

length 3 cm location
superficial SQ muscle linear stellate irregular
clean contaminated moderately / heavily

distal NVT: neuro & vascular status intact no tendon injury

anesthesia: local digital block cc

lidoc. 1% 2% epi bicarb maraine .25% .5% LET

prep:

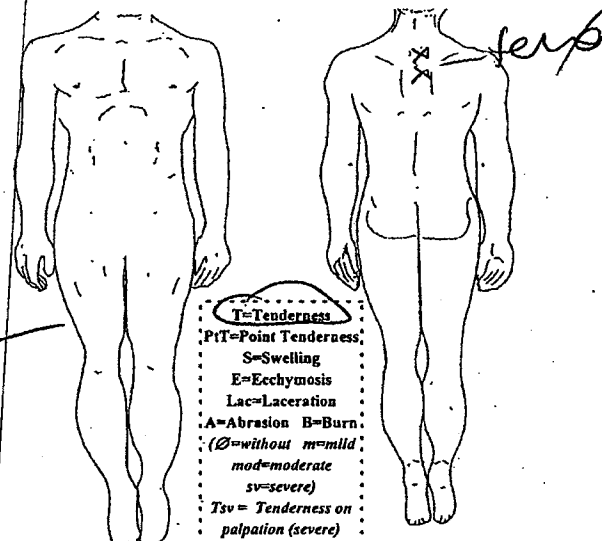
wound cleanser NS debrided / undermined
irrigated / washed w/ saline extensively
foreign material removed
explored minimal moderate extensive

repair: Wound closed with: wound adhesive / Dermabond / steri-strips

SKIN- # 5 6-0 nylon prolene / staples /
silk / ethilon / dexion

*SQ- # -0 vicryl / chromic

*may indicate intermediate repair *may indicate intermediate or complex repair



Time 6:25A unchanged improved re-examined

head CT

C-spine CT

non-displaced fracture of C6 at base of posterior arch of transverse process of C6

Recommendation: will see pt in office ECC / hospital other

Care turned over to at

Counsel patient / family regarding:

lab results diagnosis need for follow-up

Rx given Admit orders written

Prior records ordered

CRIT CARE 30-74 min

75-104 min min

Additional history from:

family caretaker paramedics

CLINICAL IMPRESSION:

contusion

head wrist R/L
face hand R/L
chest hip R/L
abdomen thigh R/L
back knee R/L
shoulder R/L leg R/L
arm R/L ankle R/L
elbow R/L foot R/L
forearm R/L

sprain / strain

neck dorsal lumbar
sacral

contusion

with LOC w/o LOC

laceration

scalp

Fracture of C6 at base of posterior arch of transverse process of C6

DISPOSITION: ☐ discharge ☐ expired ☐ admit ☐ AMATime 8:30 ☐ left before eval complete ☒ transfer to☐ EMTALA EMC present ☐ EMTALA EMC absent ☐ stable

1st PHYSICIAN SIGNATURE

2nd PHYSICIAN SIGNATURE

3rd PHYSICIAN SIGNATURE

☐ Dictated Addendum☒ Template Complete

Unofficial Copy

PHYSICIANS PROGRESS NOTES

DATE/TIME

~ 9:30 8/29/06

Pt very anxious/claustraphobic when immobilized. Initially refused meds, but later was willing to accept ativan. Ativan ordered - if not effective may have to try a different form of immobilization.

NEVER

CYPH
MEDICAL CENTER
Plattsburgh, NY



Do Not Use Abbreviations - u, IU, MgSO₄, MSO₄, OD, OS, OU, µg, cc, D, QD, QOD, Trailing Zero (X.0), & Lack of Leading Zero (.X)

BOUDET, LAURE

283731

ED PHYSICIAN

08/28/06

86574530

29 Y 05/26/1977

MR

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DATE/TIME

BOUDET, LAURE
 283731 ED PHYSICIAN
 08/28/06 86574530
 29 Y 05/26/1977 S
 MR () -

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 Trailing Zero (X.0), & Lack of Leading Zero (.X)

06 Multiple Trauma **FR**

ROOM _____ AT _____
NAME _____ AGE _____

To be seen by: ECC MD _____ PCP _____

PRE HOSPITAL CARE / TRIAGE NURSING ASSESSMENT

ACUITY emergent urgent non-urgent FT
referred by: _____

ARRIVED BY: _____ with: _____ from: _____

NEW ACUITY: emergent urgent non-urgent TIME _____

EMS: # _____ BP _____ P _____ R _____ IV _____ O2 _____ CM _____
head immobilization _____ c-collar _____ backboard _____ GCS _____

Triage RN Signature _____

VITALS time: 2100
BP 149/89 P 74 RR 22 temp _____ TM O R
O2 Sat% 100 (RA) P₂ _____ GCS _____

PAIN LEVEL current: _____ /10 max _____ /10 acceptable _____ /10
quality _____

CHIEF COMPLAINT head pain
occurred _____ just PTA _____ LMP _____
lost consciousness + ambulatory at scene _____

INJURIES / PAIN

		R		L	
head	neck	shldr	hip	shldr	hip
face	back	arm	thigh	arm	thigh
nose	chest	elbow	knee	elbow	knee
mouth	abdomen	f-arm	leg	f-arm	leg
coccyx		wrist	ankle	wrist	ankle
		hand	foot	hand	foot
		fingers	toes	fingers	toes

MECHANISM BUS CRASH
fall _____ GSW / stab wound _____
hit by car _____ burn _____
motorcycle / bicycle / ATV _____ injury on duty _____
SAFETY none helmet _____ safety glasses _____

PAST MEDICAL HX negative

bleeding disorders	GI	Last Tetanus Date _____
blood Tx reaction	GU	
cancer	glaucoma	
cardiac	HTN	
communicable disease	neuro	
diabetes	psych	
dialysis	resp	
difficulties: hearing / speech	seizures last	
eyesight	teaching sheet given	
other		

SOCIAL HX
tobacco use smoking hx within last year Y or N if yes, brochure offered
drugs / alcohol use, last drink _____
ATB exposure / symptoms _____
has been physically hurt or threatened by someone close _____

RN Signature Elizabeth Deen RN

INITIAL ASSESSMENT TIME: _____

GENERAL APPEARANCE
no acute distress _____ mild / moderate / severe distress _____
alert _____ anxious / decreased LOC _____

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CYPH Medical Center
Plattsburgh, NY
EMERGENCY NURSING RECORD

FUNCTIONAL / NUTRITIONAL ASSESSMENT

☒ independent ADL ☐ assisted / total care
☒ appears well nourished ☐ obese / malnourished
☐ recent weight loss / gain
☐ laceration / abrasion / swelling
☐ tenderness
☐ wheezing / crackles / stridor
☐ seat belt marks
☐ deformity

CHEST

☒ no evidence of trauma
☒ non-tender
☒ breath sounds nml

CVS

☒ regular rate
☒ pulses strong & equal
☒ nml heart sounds
☒ pale / cyanotic
☒ cool / diaphoretic

NEURO

☒ oriented x 3
☒ PERRL
☐ disoriented to person / place / time
☐ confused / memory loss
☐ weakness / sensory loss

HEAD / FACE

☒ no evidence of trauma
☒ to head / eye / ear / face
☐ laceration / abrasion / swelling
☐ periorbital swelling / hematoma
☐ ecchymosis Jaw fracture (L)
☐ dental injury / malocclusion

NECK / BACK

☒ no evidence of trauma
☒ non-tender
☐ laceration / abrasion / swelling
☐ tenderness

ABDOMEN

☒ no evidence of trauma
☒ soft, non-tender
☐ laceration / abrasion / swelling
☐ rigid / distended

PELVIS / GU

☒ no evidence of trauma
☒ pelvis stable
☐ pelvis unstable
☐ tenderness
☐ blood at urethral meatus

EXTREMITIES

☒ no evidence of trauma
☒ non-tender
☒ sensation intact
☒ motor intact
☐ laceration / abrasion / swelling
☐ tenderness
☐ deformity
☐ sensory / motor deficit

RN Signature Elizabeth Deen RN

TIME	ACTIONS / PATIENT TEACHING TIMES	INIT
	ID band applied	ID band verified
	C-collar	back board
	ice pack / elevation	warming measures
	bandage applied	wet to dry dressing
	pulse oximeter	O ₂ _____ L via
	Labs	Xrays
	EKG	U/A
	set up suture tray / eye tray	
	cardiac monitor	
	Accu-Chek	
	Q 2hr IV checks	
	bed low position	side rails up x1 x2
	call light in reach	head of bed elevated
	conscious sedation protocol implemented	
	blood transfusion protocol implemented	
	SIGNATURE	INITIAL
RN #1	<u>Elizabeth Deen</u>	<u>ED</u>
RN #2		
RN #3		
RN #4		

* protocol available

BOUDET, LAURE
283731 ED PHYSICIAN
08/28/06 86574530
29 Y 05/26/1977
MR () - S

PUPIL ASSESSMENT

9mm 8mm 7mm 6mm 5mm 4mm 3mm 2mm

GLASCOW COMA SCALE

Eye Opening
spontaneous(4) to speech(3) to pain(2) none(1)
Verbal Response
oriented(5) confused(4) inapprop. words(3) incomprehensible(2) none(1)
Motor Response
obeys commands(6) localizes pain(5) withdraws at pain (4)
pain with flexion(3) pain with extension(2) none(1)

TOTAL	3:15	Ar	1 hr	discharge
-------	------	----	------	-----------

ADDITIONAL NOTES

ADDITIONAL NOTES
for CT scan of thoracic spine - a scan was done of T spine - NVS updated. - patient declines pain med's at this time. Sif bless patient awaiting results of T spine - Lyrion @ B side, despite request of catheter to be on back until T spine results.
1212 Pt. to be transferred to Montreal General. Accepting physician in Quebec. Bed to be confirmed. Pt aware of transfer of care. Xrays reports being copied, labs copied. Awaiting confirmation of bed & transport. (Bless)

INTAKE

OUTPUT

TV / saline lock discontinued:

Total Amt Infused

Time	Initials
------	----------

FOCUSED REASSESSMENT UPON A/D/T

D/C Time	via	Escorted By	Admit To	Report To
BP	P	R	Pain	T/Sat
Instructions provided			Verbalized understanding	
Agrees to discharge plan				
Discharge Nurse Signature				
Pt/family instructed to send valuables home or to safe			Meds (pharmacy / home)	
crutches			Valuables home with	
dentures up / low / partial			glasses / contacts	
Jewelry			hearing aid R / L	

ADDITIONAL NOTES

ADDITIONAL NOTES

- pt ejected from front window of bus - to LOC on forehead. ⊕ LOC. Prima pain in back - severe
0300 - pt's back pain, rated 10/10. MD awake.
0800 - pt vomited x1 feels better. States she thinks she's neurons, and maybe she Morphine. MD awake - concern
0130 - pt's boyfriend in c pt / pt feels better, watch

^ prot

BOUDET LAURE

283731

08/28/06

29 Y 85/26/1972

MF

ED PHYSICIAN

86574530

2

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PHYSICIAN ORDERS



DATE HOUR

Admitting Physician: _____

Attending Physician: _____

Primary Care Physician: _____

} ECC ADMISSIONS
ONLY

DR NS DSW
[Signature]

Do Not Use Abbreviations - u, IU, MgSO₄, MB, MSO₄, OD, OS, OU, µg, cc, D, QD, QOD,
Trailing Zero (X0), & Lack of Leading Zero (X)

C.V.P.H. MEDICAL CENTER

Plattsburgh, NY



FORM N-60 (REV 7/06)

BOUDET, LAURE

283731

ED PHYSICIAN

08/28/06

86574530

29 Y 05/26/1977

MR

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S



ECC MEDICATION DOCUMENT

08/28/06

21:12 Page

1

C00315

** E06101 BOUDET, LAURE

MD: ED PHYSICIAN

ISOL: TRANS:

SEX: F AGE: 29

KDU:

ADM: 08/28 ACCT#: 86574530

WT: kg

gm HT: ft

in

ADDITIONAL ALLERGIES:

IV RECORD:

*CURRENT MEDS:

Date Time Sol Site Ga Rate Amtin DC Init

* Medication Dose/Freq/Last Taken

8/28

RAPIB by EMS E

1 liter NS in 1000 in — SUR

The pill

MEDICATION TAKEN IN ECC:

Date Time Med/Dose Rte/Site PS PF Init

8/28 2315 Morphine Sulfate 6mg IV

8/28 2200 Tetanus toxoid TD IM E

8/29 0535 Morphine 6mg IV

8/29 0840 Reglan 10mg IV

8/30 0720 KCl 40meq IV

8/30 0815 KCl 20meq IV

over 2 hours

0940 Ativan 1mg IV

0950 Ativan 1mg IV

1020 Phenergan 12.5mg IV

Signature

Init

*RN#1

*RN#2

*RN#3

*MD



21:12 08/28/06 FROM @01K,CVECALF1

BOUDET, LAURE
283731 ED PHYSICIAN
08/28/06 86574530
29 Y 05/26/1977
MR () - S

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CO0316

96

Physician Order Sheet

ATP for _____
completed at: _____ Initials: _____

LABS "circle"	TIME	STANDARD PANELS "labs only"	TIME
• ABC		• Cardiac Panel	
• CBC		• Trauma Panel	
• CMP		• CSP protocol	
• BMP		• Hepatic function Panel	
• HCG			
• PT		X-RAYS / INDICATIONS TIME	
• PTT		• CXR Port PA / LAT	
• D-dimer		• Ultrasound	
• ESR		pelvic abdominal	
• Strep Screen		biliary renal	
• Throat Culture		• Venous doppler	
• Mono spot		of _____	
• Lipase		• KUB flat upright	
• UA clean cath		• Head C-spine abdomen	
• Urine culture		pelvis chest angiogram	
• Urine Drug Screen		with or w/o contrast	
• Ethanol level		• Trauma portables:	
• Wound culture:		Lateral C-spine / AP CXR /	
site _____		AP pelvis	
• Blood culture x _____		• Full C-Spine	
• Sputum culture		3 view 5 view	
• Stool culture		• Acute Abd Series	
• C. diff toxin		• V / Q Scan	
• Stool WBCs		CARDIORESPIRATORY	
• Stool Ova and Para			
• GC/Chlamydia antigen		• EKG	
• Drug levels: _____		• ABG RA L O2	
• Carboxyhemoglobin			
• Type and Screen			
• Type & Cross			
for _____ units			

Initial Nursing Orders

Noted

- ☐ Cardiac Monitor
- ☐ Pulse Oximeter
- ☐ Oxygen _____ L NC
- titrate to keep sat greater than 95%
- ☐ Fully Disrobe / Gown
- ☐ Orthostatic vital signs
- ☐ Neuro checks q _____
- ☐ IV _____ @ _____ mL/hr
- ☐ IV Bolus _____ mL over _____
- ☐ Saline lock
- ☐ Albuterol 2.5 mg / Nebulizer
- Continuous for _____ min
- q _____ min x _____
- ☐ Atrovent 0.5 mg / Nebulizer
- ☐ Pain medications
- Acetaminophen _____ mg PO PR
- Ibuprofen _____ mg PO PR
- Morphine _____ mg IV q _____
- min pm pain greater than _____ /10,
- sbp greater than _____
- Demerol _____ mg IV q _____
- min pm pain greater than _____ /10,
- sbp greater than _____

- ☐ Antiemetic
- Phenergan _____ mg _____
- ☐ Reglan _____ mg _____
- ☐ Follow Schedule A for Insulin Coverage

Subsequent Orders

Time Orders

- ☐ Please repeat: BP HR RR O₂ Sat Temp _____
- ☐ May be off cardiac monitor for radiology studies or transport. _____
- ☐ Admit to observation status for _____

PHYSICIAN SIGNATURES

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CVPH Medical Center
Plattsburgh, NY
EMERGENCY PHYSICIAN RECORD



Page 1 of 2

ERMD96

BOUDET, LAURE

283731 ED PHYSICIAN

08/28/06

86574530

29 Y 05/26/1977

MR

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CONSULTANT / ATTENDING NOTE

time:

Mesa Verde T-10 ~ 7:30 AM

disrupt pt sound sleep in his crash,
possibly ejected. @ LOC. CO
head neck / back pain.

Auto Films C-Spine / Chest / Pelvis &
CT Brain &

CT C-Spine: No displacement of
C4-C5 post fracture, facet joint
Disruption of transverse process.

CT T-Spine: Significant Bony
Superior end plate fracture,
anteriorly type FT 6-8,
no retropulsion.

H=2.9 - treated

Exam: Pt found on slider
Double E head cervical collar.

- Alert GCS 15

- Facial Abrasions / Sutured lacer.

- Lungs CTA - No Disruption

- Heart Be

- DDD SUPP / Numbness

- Pelvis Stable

- Neck & ; no injury
Defer to internist.

It has spinal injuries need
superiorly care not available
here so needs transfer for spine
care. It consents to transfer and
requests Montreal General. The bus
has capacity capacity.
Bill D Neurosurgeon Dr. Chateau
accepts if trauma surgeon accepts.
Bill D Dr. Troquet, trauma surgeon,
accepts pt in transfer.

ADDITIONAL PROGRESS NOTES

☐ continued from template

time

notes

6:15 potassum. 40 MEQ PO.
2 hrs
lll

6:15A spoke w/ Dr Monzi
from Burlington spine
trauma specialist
described for to him
stated we must get
an upright XR w/
the extended phul
collar w/ strap around
chest
if there is no displacement
in upright new w/
collar on - D/chom
rewill FU -

802 847 905 Burlington
Spine Institute

Pt returned a neuro
deficit - coming str.
no myelogram.
Awaiting Thore
spine CT
lll

6:30A

Pt seen by Dr Lacroix
at General within past
few months has
insurance requests transfer
to Montreal General
lll

BOUDET, LAURE
283731 ED PHYSICIAN
88/28/86 86574530
29 Y 85/26/1977
MR () S

C V P H MEDICAL CENTER
PLATTSBURGH, NEW YORK
DEPARTMENT OF PATHOLOGY
MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
DOB : 05/26/1977
LOC : OEC

AGE: 29Y
SEX: F

MED REC #: 283731
ACCNT # : 86574530
DR: ED PHYSICIAN

***** HEMATOLOGY *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130		
LOC:	OEC	NORMAL	UNITS
WBC	H 21.9	4.8-10.8	K/uL
RBC	4.62	4.0-5.2	M/uL
HGB	14.9	12.0-16.0	gm/dL
HCT	43.7	36.0-46.0	%
MCV	94.5	80-100	fL
MCH	32.3	26.0-34.0	pg
MCHC	34.1	31.0-37.0	gm/dL
RDW	12.6	11.5-14.5	%
PLT	277	130-400	K/uL
MPV	8.8	7.4-10.4	fL

***** COAGULATION *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130		
LOC:	OEC	NORMAL	UNITS
PT	11.4	10.5-13.3	SECONDS
INR	1.0		
	(a)		
	(b)		
	(c)		
	(d)		

---FOOTNOTES---

- (a)
(b) SUGGESTED THERAPEUTIC RANGE:
(c) FOR ORAL ANTICOAGULANT THERAPY: 2.0-3.0
(d) FOR PROSTHETIC HEART VALVE PATIENTS: 3.0-4.0

NEW ACTIVITY ONLY
PAGE 1

CONTINUED

BOUDET, LAURE
08/29/2006 00:50

C V P H MEDICAL CENTER
PLATTSBURGH, NEW YORK
DEPARTMENT OF PATHOLOGY
MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
DOB : 05/26/1977
LOC : OEC

AGE: 29Y
SEX: F

MED REC #: 283731
ACCNT # : 86574530
DR: ED PHYSICIAN

***** COAGULATION *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130	NORMAL	UNITS
LOC:	OEC		
PTT	(e)	23.8-37.8	SECONDS
	(f)		
	(g)		

***** GENERAL CHEMISTRY *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130	NORMAL	UNITS
LOC:	OEC		
SODIUM	140	136-143	mmol/L
POTASSIUM	L 2.9	3.4-5.2	mmol/L
CHLORIDE	104	98-107	mmol/L
CO2	24.3	22-31	mmol/L
ANION GAP	12	8-16	
BUN	13	6-19	mg/dL
CREATININE	0.8	0.5-1.2	mg/dL
B/C RATIO	16		
GLUCOSE	108	75-125	mg/dL
AMYLASE	93	30-110	U/L
LIPASE	24	22-51	U/L
CALCIUM	8.8	8.7-10.2	mg/dL
CALC. GFR	(h)		mL/min/1.73 sq m

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---

(e) 25.2
(f) SUGGESTED THERAPEUTIC RANGE 69-164 SECONDS
(g)
(h) 90

NEW ACTIVITY ONLY
PAGE 2

CONTINUED

BOUDET, LAURE
08/29/2006 00:50

C V P H MEDICAL CENTER
PLATTSBURGH, NEW YORK
DEPARTMENT OF PATHOLOGY
MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
DOB : 05/26/1977
LOC : OEC

AGE: 29Y
SEX: F

MED REC #: 283731
ACCNT # : 86574530
DR: ED PHYSICIAN

***** GENERAL CHEMISTRY *****

DAY: 1
DATE: 08/28/06
TIME: *2130
LOC: OEC

NORMAL UNITS

CALC. GFR (cont)

(i)
(j)
(k)
(l)
(m)
(n)
(o)
(p)
(q)
(r)
(s)
(t)
(i)
(u)
:::

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---

- (i)
(j) ESTIMATED GLOMERULAR
(k) FILTRATION RATE IN
(l) mL/min/1.73 SQUARE METERS
(m) BASED ON AGE, GENDER AND
(n) CREATININE FOR PATIENTS
(o) FROM 20-70+ YEARS. FORMULA
(p) DOES NOT CORRECT FOR BODY
(q) SURFACE AREA AND ASSUMES
(r) CAUCASIAN ETHNICITY. FOR
(s) AFRICAN-AMERICANS, MULTIPLY
(t) RESULT BY 1.21.
(u) Reference Range:
(v) AGE (YEARS) AVERAGE GFR

NEW ACTIVITY ONLY
PAGE 3

CONTINUED

BOUDET, LAURE
08/29/2006 00:50

C V P H MEDICAL CENTER
PLATTSBURGH, NEW YORK
DEPARTMENT OF PATHOLOGY
MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE

DOB : 05/26/1977

LOC : OEC

AGE: 29Y

SEX: F

MED REC #: 283731

ACCNT # : 86574530

DR: ED PHYSICIAN

***** GENERAL CHEMISTRY *****

DAY: 1
DATE: 08/28/06
TIME: *2130
LOC: OEC

NORMAL UNITS

CALC. GFR (cont)
(v)
(w)
(x)
(y)
(z)
(aa)
(ab)
(v)

***** ENDOCRINOLOGY *****

08/28/06
* 2130 HCG (QUALITATIVE)

NEGATIVE

mIU/mL

---FOOTNOTES---

(v)		
(w)	20-29	116
(x)	30-39	107
(y)	40-49	99
(z)	50-59	93
(aa)	60-69	85
(ab)	70+	75

NEW ACTIVITY ONLY
PAGE 4

CONTINUED

BOUDET, LAURE
08/29/2006 00:50

C V P H MEDICAL CENTER
PLATTSBURGH, NEW YORK
DEPARTMENT OF PATHOLOGY
MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE

DOB : 05/26/1977

LOC : OEC

AGE: 29Y

SEX: F

MED REC #: 283731

ACCNT # : 86574530

DR: ED PHYSICIAN

***** BLOOD TYPE AND ANTIBODY TESTING *****

TEST: ABORH(D) ANTIBODY
SCREEN

UNITS:

08/28/06

* 2130 B POSITIVE NEGATIVE

NEW ACTIVITY ONLY
PAGE 5

END OF REPORT

BOUDET, LAURE
08/29/2006 00:50

RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90002
ORDERED FOR DATE: Aug 28 2006

ACCOUNT #: 86574530	FINANCIAL CLASS: N	ORD NURSE STATION: ED
ADMISSION DATE: 08/28/2006	INPATIENT ROOM:	PATIENT CLASS: E
INVISION ORD #:	DATE OF BIRTH: 05/26/1977	PATIENT PHONE: (514) 271-8820
PATIENT AGE: 29Y	PATIENT SEX: F	PT ADDRESS 22 LUE CHORON
ORDERING PHYSICIAN:	HOHIMER INGRID	PARIS, XX 99999
ATTENDING PHYSICIAN:	MENIA, TODD	PCP/FAM PHYSICIAN: NO PRIMARY CARE
PHYSICIAN,		

*****Final Report*****

ADDITIONAL EXAMS ORDERED:
3065 - BRAIN W/O CONTRAST
3110 - CERVICAL SPINE W/O

CONTRAST

EXAM: (CTS 3065) BRAIN W/O CONTRAST
DATE & TIME EXAM COMPLETED: Aug 29 2006 12:07AM
REASON FOR EXAM: MVA/ LOC **Accession # :** 1591330

CDM# 19627603
CPT: 70450

FINDINGS: 5 mm unenhanced axial images through the brain are performed. Ventricular size and configuration is within normal limits. No CT evidence for intracranial mass effect, hemorrhage, or extraaxial fluid collections. Hyperdense left convexity scalp hematoma is noted. No apparent associated displaced calvarial fracture.

IMPRESSION: Left convexity scalp hematoma. Negative CT examination of the brain.

Read By: MICHAEL PHILLIPS, M.D.
Transcribed By: JRC

Dictated Date: Aug 29 2006 12:38AM
Transcribed Date: Aug 29 2006 9:24AM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MICHAEL PHILLIPS, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90002
ORDERED FOR DATE: Aug 28 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	N	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:		PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	(514) 271-8820
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS	22 LUE CHORON
ORDERING PHYSICIAN:		HOHIMER INGRID		PARIS, XX 99999	
ATTENDING PHYSICIAN:		MENIA, TODD		PCP/FAM PHYSICIAN:	NO PRIMARY CARE
PHYSICIAN,					

*****Final Report*****

ADDITIONAL EXAMS ORDERED:
3065 - BRAIN W/O CONTRAST
3110 - CERVICAL SPINE W/O

CONTRAST

EXAM: (CTS 3110) CERVICAL SPINE W/O CONTRAST

CDM# 19628502

DATE & TIME EXAM COMPLETED: Aug 29 2006 12:14AM

CPT: 72125

REASON FOR EXAM: MVA/ LOC

Accession #: 1591331

FINDINGS: 1.6 mm axial unenhanced CT images between the occiput and upper T2 levels are performed. Multiple two-dimensional parasagittal and coronal reconstructed images are obtained.

There is evidence of an acute nondisplaced fracture of the right lamina of C7 at and near the junction with the right superior facet, posterior aspect of the pedicle, and base of the right transverse process. No additional fractures are visualized in the cervical spine. On reconstructed images, alignment of the cervical vertebral bodies is within normal limits. No apparent prevertebral soft tissue swelling.

IMPRESSION: Nondisplaced fracture of the right lamina of C7.

Read By: MICHAEL PHILLIPS, M.D.
Transcribed By: DAM

Dictated Date: Aug 29 2006 12:43AM
Transcribed Date: Aug 29 2006 9:29AM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MICHAEL PHILLIPS, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90003
ORDERED FOR DATE: Aug 29 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	N	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:		PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	(514) 271-8820
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS	22 LUE CHORON
ORDERING PHYSICIAN:	HOHIMER INGRID			PARIS, XX 99999	
ATTENDING PHYSICIAN:	MENIA, TODD	PCP/FAM PHYSICIAN:	NO PRIMARY CARE		
PHYSICIAN,					

*****Final Report*****

ADDITIONAL EXAMS ORDERED:
3010 - THORACIC SPINE W/O

CONTRAST

EXAM: (CTS 3010) THORACIC SPINE W/O CONTRAST CDM# 19601004

DATE & TIME EXAM COMPLETED: Aug 29 2006 6:38AM CPT: 72128

REASON FOR EXAM: BACK PAIN S/P MVA Accession # : 1591454

FINDINGS: 3.2 mm sections were obtained with sagittal reformats performed.

Findings:

There are mild acute compression fractures of the superior endplates of the T6, T7, and T8 vertebral bodies. There is no apparent involvement of the posterior elements or the posterior cortex of the vertebral bodies. There is no appreciable retropulsion of bony material into the vertebral canal and no encroachment on the vertebral canal is seen. There is a nondisplaced fracture through the pars interarticularis of C7 on the right side.

On review of lung windows there is a little bit of dependent atelectasis in both lungs. Within the visualized lung apices, no pneumothorax is seen. Visualization of the mediastinum is incomplete on this exam, but no mediastinal hematoma is noted.

IMPRESSION: 1) There are mild compression fractures of the T6, T7, and T8 vertebral bodies.
2) There is a nondisplaced fracture of the pars interarticularis of C7 on the right side.
Findings were conveyed to the emergency department at the time of the examination by a VRC radiologist.

Read By: JAMES KENNEY, M.D.
Transcribed By: JRC

Dictated Date: Aug 29 2006 8:43AM
Transcribed Date: Aug 29 2006 10:56AM



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90003
ORDERED FOR DATE: Aug 29 2006

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY JAMES KENNEY, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90001
ORDERED FOR DATE: Aug 28 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	S	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:	E06101	PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	0-
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS	
ORDERING PHYSICIAN:	HOHIMER INGRID				, 12901
ATTENDING PHYSICIAN:	ED PHYSICIAN,	PCP/FAM PHYSICIAN:	NO PRIMARY CARE		
PHYSICIAN,					

*****Final Report*****

VIEW

ADDITIONAL EXAMS ORDERED:
1760 - CERVICAL SPINE - SINGLE

1270 - PELVIS- 1-2 VIEWS
1095 - CHEST-PA-AP X-RAY

EXAM: (RAD 1760) CERVICAL SPINE - SINGLE VIEW

CDM# 19302017

DATE & TIME EXAM COMPLETED: Aug 28 2006 10:14PM

CPT: 72020

REASON FOR EXAM: TRAUMA Accession #: 1591327

FINDINGS: 1 LATERAL view of the cervical spine was provided. No significant abnormalities are detected in the regional bones, joints, or soft tissues.

IMPRESSION:

Normal cervical spine exam.

Read By: GERALD SCHULZE, M.D.
Transcribed By: GJS

Dictated Date: Aug 28 2006 10:24PM
Transcribed Date: Aug 28 2006 10:24PM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY GERALD SCHULZE, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90001
ORDERED FOR DATE: Aug 28 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	S	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:	E06101	PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	0 -
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS	
ORDERING PHYSICIAN:		HOHIMER INGRID			, 12901
ATTENDING PHYSICIAN:		ED PHYSICIAN,		PCP/FAM PHYSICIAN:	NO PRIMARY CARE
PHYSICIAN,					

*****Final Report*****

ADDITIONAL EXAMS ORDERED:
1760 - CERVICAL SPINE - SINGLE

VIEW

1270 - PELVIS- 1-2 VIEWS
1095 - CHEST-PA-AP X-RAY

EXAM: (RAD 1270) PELVIS- 1-2 VIEWS

CDM# 19306307

DATE & TIME EXAM COMPLETED: Aug 28 2006 10:15PM

CPT: 72170

REASON FOR EXAM: TRAUMA/ MVA

Accession #: 1591328

FINDINGS: One view of the pelvis was provided. No significant abnormalities are detected in the regional bones, joints, or soft tissues.

IMPRESSION:

Normal pelvis exam.

Read By: GERALD SCHULZE, M.D.

Dictated Date: Aug 28 2006 10:25PM

Transcribed By: GJS

Transcribed Date: Aug 28 2006 10:25PM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY GERALD SCHULZE, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90001
ORDERED FOR DATE: Aug 28 2006

ACCOUNT #: 86574530	FINANCIAL CLASS: S	ORD NURSE STATION: ED
ADMISSION DATE: 08/28/2006	INPATIENT ROOM: E06101	PATIENT CLASS: E
INVISION ORD #:	DATE OF BIRTH: 05/26/1977	PATIENT PHONE: 0-
PATIENT AGE: 29Y	PATIENT SEX: F	PT ADDRESS
ORDERING PHYSICIAN:	HOHIMER INGRID	, 12901
ATTENDING PHYSICIAN:	ED PHYSICIAN,	PCP/FAM PHYSICIAN: NO PRIMARY CARE
PHYSICIAN,		

*****Final Report*****

VIEW

ADDITIONAL EXAMS ORDERED:
1760 - CERVICAL SPINE - SINGLE

1270 - PELVIS- 1-2 VIEWS
1095 - CHEST-PA-AP X-RAY

EXAM: (RAD 1095) CHEST-PA-AP X-RAY

CDM# 19302009

DATE & TIME EXAM COMPLETED: Aug 28 2006 10:16PM

CPT: 71010

REASON FOR EXAM: MVA/ TRAUMA

Accession # : 1591329

FINDINGS: One view of the chest demonstrates no significant soft tissue or bony abnormality. The lungs are clear. The pulmonary vasculature is normal. The heart is normal in size. The mediastinal structures are unremarkable.

IMPRESSION:

Normal chest.

Read By: GERALD SCHULZE, M.D.

Dictated Date: Aug 28 2006 10:24PM

Transcribed By: GJS

Transcribed Date: Aug 28 2006 10:24PM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY GERALD SCHULZE, M.D.
Associates in Radiology of Plattsburgh, P.C.



CHAMPLAIN VALLEY PHYSICIAN'S HOSPITAL MEDICAL CENTER

NEUROLOGICAL ASSESSMENT FLOWSHEET

LEVEL OF CONSCIOUSNESS	DATE	TIME	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28
EYE OPENING			8:20	2:30	2:30	2:30	3:15	3:15	4:50	5:10	5:10	5:10	5:10
Spontaneously..... 4			4	4	4	4			4	4	4	4	4
To Speech, Shout, Shake *..... 3													
(* Indicate which)													
To Pain..... 2													
None..... 1													
VERBAL RESPONSE													
Answers Appropriately..... 5			5	5	5	5							
Confused Conversation..... 4													
Inappropriate Words..... 3													
Incomprehensible Sounds..... 2													
No Verbal Response..... 1													
Motor Response (BEST RESPONSE)													
Purposeful - Obeys..... 6			6	6	6	6							
- Localizes..... 5													
Withdraws..... 4													
Decorticate (Abn. Flexion)..... 3													
Decerebrate (Abn. Extension)..... 2													
Flaccid..... 1													
GLASGOW POINTS (Total)			15	15	15	15	15	13	15	15	15	15	15
Motor Strength Assessment													
Right Arm			5	5	5	5	5	5	5	5	5	5	5
Left Arm			5	5	5	5	5	5	5	5	5	5	5
Right Leg			5	5	5	5	5	5	5	5	5	5	5
Left Leg			5	5	5	5	5	5	5	5	5	5	5
See Scale													
PUPILS													
Reacts													
Impaired Reaction													
(Slow response)													
No Reaction													
Blood Pressure			145/87	143/95	146/87	133/45	148/87	116/60	135/79	140/90			
Pulse			77	77	64	74	73	74	97	98			
Respiration			22	20	20	18	18	18	18	18			
Temperature			100%	99%	100%	99.6	99.5	99.6	99.7	99.9			
Initials			EO	EO	EO	SE	SE	SE	SE	SE			
Init/Sig:			EO	EO	EO	SE	SE	SE	SE	SE			

MOTOR STRENGTH SCALE:

- 5 = Normal movement against gravity and resistance
- 4 = Full Range of Motion against gravity and moderate resistance
- 3 = Full Range of Motion against gravity only, but not against resistance
- 2 = Extremity can move but not against gravity (can move on bed but not lift)
- 1 = Muscle can be felt to contract but extremity does not move
- 0 = No visible or palpable contraction of the muscle or movement of extremity

3/30/00ddt/forms\10013

BOUDET, LAURE
283731 ED PHYSICIAN
08/28/06 86574530
29 Y 05/26/1977
MR () S

Unofficial Copy


VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine is given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

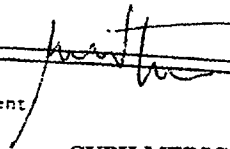
"I have read or have had explained to me the information in this pamphlet about diphtheria, tetanus (lockjaw), and pertussis, DT, Td and tetanus vaccines. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of DTP, Pertussis, DT, Td and tetanus vaccines and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request."

Vaccine to be given: DTP ☐ Pertussis ☐ DT ☐ Td ☒ Tetanus ☐

Information about person to receive vaccine (Please Print)

Name: BOUDET, LAURE	ED PHYSICIAN	e Initial	Date Birth	Age
283731	08/20/86	36574530		
Address: 29 Y 05/26/1977	MR ()	S 	County	State
				Zip

Signature of person to receive vaccine or person authorized to make the request: (parent or guardian):

X  Date _____

101 forms \ vacconsent
9/97

CVPH MEDICAL CENTER

75 BECKMAN ST., PLATTSBURGH, NY 12901 (518) 561-2000 DEA # AC1115888

RECORDED - ALK ADJ. 02. 1108

0.5 ML. V.P.H.

PATIENT NAME

DOB #

Lot **U1786DA**

Tetanus and Diphtheria Toxoids Adsorbed

For Adult Use, DECAVAC™

US Govt Lic #1277

Mfd by: Aventis Pasteur Inc.

Swiftwater PA 18370 USA

CPT® Code: 90714

0.5 mL

Rx only

5243

Site

ADMINISTERED BY/TITLE

CVPH MEDICAL CENTER EMERGENCY AUTHORIZATION FOR TRANSFER

ALL SECTIONS (I-VI) NEED TO BE COMPLETED BY THE PHYSICIAN BEFORE TRANSFER CAN BE AUTHORIZED.

SECTION I-REASON, BENEFITS, AND RISKS MUST BE DOCUMENTED

Reason for Transfer NeurosurgeonBenefits of Transfer Trauma SurgeonRisks of Transfer MVA

SECTION II- CHECK ONE THAT APPLIES

- A. ☒ The patient has been stabilized such that, within reasonable medical probability, no material deterioration of the patient's or unborn child(ren)'s condition is likely to result from transfer.
- B. ☐ The patient's condition has not been stabilized. Based on information available at the time of the patient's transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient's medical condition from effecting the transfer.
- C. ☐ The patient is being transferred against the advice of the transferring physician by patient or guardian's request.
- D. ☐ The patient is in active labor. Based on information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient's and/or unborn child(ren)'s medical condition from effecting the transfer.

SECTION III- CHECK ONE THAT APPLIES

- A. ☒ Physician recommends transfer.
- B. ☐ Patient/guardian request transfer.

SECTION IV- CHECK AND COMPLETE ONE THAT APPLIES- Patient/guardian authorization.

- A. ☒ I authorize the medical transfer of BOUDET, LAURE to MONTREAL GENERAL.
(Patient's Name) (Receiving Facility)

The reasons, benefits, and potential risks of the transfer have been explained to me by Dr. MENIA and I understand them fully.

Signed: [Signature] Witness: _____

(Patient or Legal Guardian)

- B. ☐ I insist on the medical transfer of _____ to _____
(Patient's Name) (Receiving Facility)

against the medical advice of Dr. _____ I accept and fully understand the risks of the transfer as explained to me by this physician as outlined above.

Signed: _____ Witness: _____

(Patient or Legal Guardian)

- C. ☐ I refuse the transfer of _____ against the recommendation of Dr. _____
(Patient's Name)

I fully understand and accept these risks of refusal.

Signed: _____ Witness: _____

(Patient or Legal Guardian)

If authorization (or refusal) is signed by legal guardian, state relationship to patient _____

SECTION V- CHECK ALL BELOW AS APPROPRIATE-The patient is not to be transferred unless all of the following requirements are met.

- A. ☒ The receiving facility has available space and qualified personnel for the treatment of the patient.
- B. ☒ The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.
- C. ☒ The receiving facility will be provided with appropriate medical records of the examination and treatment of the patient.
- D. ☒ The patient will be transferred by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures.

SECTION VI- Physician Authorization/SIGNATURE

I certify that I have answered the above questions based upon the information available to me at the time of the patient's examination.

of Authorizing Physician

[Signature]
Physician's Signature

Date

Addressograph

BOUDET, LAURE

283731

ED PHYSICIAN

88/28/86

86574530

29 Y 05/26/1977

MR

() -

S

White: MIS Yellow: Receiving Hospital Pink: Sending Unit
Rev: 8.2.92 FORM # N264

CVPH MEDICAL CENTER EMERGENCY AUTHORIZATION FOR TRANSFER

ALL SECTIONS (I-VI) NEED TO BE COMPLETED BY THE PHYSICIAN BEFORE TRANSFER CAN BE AUTHORIZED.

SECTION I- REASON, BENEFITS, AND RISKS MUST BE DOCUMENTED

Reason for Transfer TRAUMA SURGERYBenefits of Transfer TRAUMA SURGERYRisks of Transfer MVA

SECTION II- CHECK ONE THAT APPLIES

- A. ☒ The patient has been stabilized such that, within reasonable medical probability, no material deterioration of the patient's or unborn child(ren)'s condition is likely to result from transfer.
- B. ☐ The patient's condition has not been stabilized. Based on information available at the time of the patient's transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient's medical condition from effecting the transfer.
- C. ☐ The patient is being transferred against the advice of the transferring physician by patient or guardian's request.
- D. ☐ The patient is in active labor. Based on information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient's and/or unborn child(ren)'s medical condition from effecting the transfer.

SECTION III- CHECK ONE THAT APPLIES

- A. ☒ Physician recommends transfer.
- B. ☐ Patient/guardian request transfer.

SECTION IV- CHECK AND COMPLETE ONE THAT APPLIES- Patient/guardian authorization.

- A. ☒ I authorize the medical transfer of BOUDET LAURE to MONTRÉAL GÉNÉRAL
(Patient's Name) (Receiving Facility)

The reasons, benefits, and potential risks of the transfer have been explained to me by Dr. LEXIA and I understand them fully.Signed: LAURE BOUDET Witness: _____
(Patient or Legal Guardian)

- B. ☐ I insist on the medical transfer of LAURE BOUDET to MONTRÉAL GÉNÉRAL
(Patient's Name) (Receiving Facility)
against the medical advice of Dr. _____ I accept and fully understand the risks of the transfer as explained to me by this physician as outlined above.

Signed: _____ Witness: 0940 0950
(Patient or Legal Guardian)

- C. ☐ I refuse the transfer of _____ against the recommendation of Dr. _____
(Patient's Name)
I fully understand and accept these risks of refusal.

Signed: _____ Witness: _____
(Patient or Legal Guardian)If authorization (or refusal) is signed by legal guardian, state relationship to patient: 74-20-109003100

SECTION V- CHECK ALL BELOW AS APPROPRIATE- The patient is not to be transferred unless all of the following requirements are met.

- A. ☒ The receiving facility has available space and qualified personnel for the treatment of the patient.
- B. ☒ The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.
- C. ☒ The receiving facility will be provided with appropriate medical records of the examination and treatment of the patient.
- D. ☒ The patient will be transferred by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures.

SECTION VI- Physician Authorization/SIGNATURE

I certify that I have answered the above questions based upon the information available to me at the time of the patient's examination.

Authorizing Physician

Physician's Signature

Date

Addressograph

BOUDET LAURE
283731 ED PHYSICIAN
08/28/06 86574530
29 Y 05/26/1977
MR () S

Phone: 418

Yellow: Receiving Hospital

Pink: Sending Unit

REV: 8.2.92 FORM # N264